



State of New Hampshire
VENDOR APPLICATION

VENDOR # _____

NAME/LOCATION

Vendor Name: _____

DBA Name: _____

Mailing Address: _____

City/Town: _____ STATE: _____ ZIP: _____

Business Address: _____

City/Town: _____ STATE: _____ ZIP: _____

Telephone #: _____ FAX #: _____

Website: _____ E-Mail (Main Office): _____

TYPE OF BUSINESS

(Note: Registration with the NH Secretary of State **MUST** be done **prior** to the awarding of any contracts) <http://www.nh.gov/sos/corporate>

INDIVIDUAL/SOLE-PROPRIETOR ☐ PARTNERSHIP/LLP ☐ CORPORATION/LLC ☐

Registered with NH Secretary of State? _____ Registration Date: _____

State Incorporated In: _____

Type of Business:	Retail	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Distributor	<input type="checkbox"/>
	Wholesale	<input type="checkbox"/>	Service	<input type="checkbox"/>	Broker	<input type="checkbox"/>

Other (Specify type of business) _____ Date Business Established _____

REPRESENTATION

Contact Person(s): _____

Address: _____

City/Town: _____ STATE: _____ ZIP: _____

Telephone #: _____ FAX #: _____ E-Mail: _____

Mfg Sales Representative: ☐ Direct Employee: ☐ Independent Sales Rep: ☐

Name/Title of Person(s) Authorized to Sign Bids and Proposals: _____

Telephone #: _____

VENDOR INFORMATION

Minority and/or Woman Owned Business:

1099 Vendor:

Items/Services that is otherwise not listed on the Commodity List:

Restricted Areas of Service in New Hampshire:

Fed ID # (EIN/FIN):

Social Security # (SSN):

SIGNATURE BLOCK

I certify the above information to be correct and grant authorization to the State of New Hampshire to investigate any and all facts contained therein, including facility visitation.

Name and Title (print or type):

Signature:

Date:

ADDRESS BLOCK

<http://www.admin.state.nh.us/purchasing>

(Phone) 603-271-2201

(Fax) 603-271-2700

**DIVISION OF PLANT & PROPERTY MANAGEMENT
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX, ROOM 102
25 CAPITOL STREET
CONCORD NH 03301-6398**

Electronic Payment Option: Please contact Treasury at treasury@treasury.state.nh.us or visit their website at www.state.nh.us/treasury for further information on this option.

STATE OF NEW HAMPSHIRE

ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

VENDOR # _____

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 31% withholding on each payment made to you. To avoid this 31% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a **GROUP PRACTICE**, it is the group name & TIN which is required on this Alternate W-9.
If the service provider is a **SOLE PROPRIETOR**, it is the individual name & TIN which is required on this Alternate W-9.

NAME: _____

ADDITIONAL or DBA NAME: _____

REMIT ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

HOME/BUSINESS ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): _____ Fed ID # (EIN/FIN): _____

PRINCIPAL ACTIVITY (select only ONE)

☐ Service Provider ☐ Product/Merchandise Provider ☐ Other Provider

List the principal type of service, product or other that is provided: _____

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

<input type="checkbox"/> Individual/Sole-Proprietor	<input type="checkbox"/> Government	<input type="checkbox"/> Personal Service Corp
<input type="checkbox"/> Partnership/LLP	<input type="checkbox"/> Estate or Trust	<input type="checkbox"/> Health Care Provider
<input type="checkbox"/> Corporation/LLC	<input type="checkbox"/> Non-Profit (attach exemption)	<input type="checkbox"/> Legal Services

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.

NAME & TITLE (print or type): _____

TELEPHONE #: _____ FAX #: _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN WHEN COMPLETED TO:

DIVISION OF PLANT & PROPERTY MGMT
BUREAU OF PURCHASE & PROPERTY
STATE HOUSE ANNEX – ROOM 102
25 CAPITOL ST
CONCORD NH 03301

(Phone) 603-271-2201

(FAX) 603-271-2700

<http://www.admin.state.nh.us/purchasing>